

COLUMBUS POLICE DEPARTMENT**REQUEST FOR PHOTOS OR VIDEOTAPE**

Please mail or fax this form to:

Lieutenant Alan Trisler

123 Washington Street

Columbus Indiana 47201

Atrisler@columbuspd.com

Fax: 812-376-2649 Phone: 812-376-2668

DATE: _____

Requesting Agency / Person: _____

Contact Person: _____ Phone: _____ Email: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Your reference number for this case: _____

Signature of person requesting: _____

CASE INFORMATION:

Date of incident: _____ Our Incident Number (if known): _____

Type of incident (accident, battery, etc.): _____

Location of incident: _____

Person(s) involved (victim, driver(s)): _____

Photos will be provided on a CD or DVD unless otherwise requested.

Digital photos \$2 per usable image, \$25 minimum, \$250 maximum charge. ☐ CD or DVD

☐ 3x5 prints (\$4 each) ☐ 5x7 prints (\$8 each) ☐ Other: _____

☐ Copy of videotape (done on case by case basis, not always available) - \$50

You will be billed for the cost of these items, please call or email if you need a quote.

DISPOSITION:

☐ Requested items delivered on: _____ by: _____

☐ A SUBPOENA IS REQUIRED FOR THE REQUESTED ITEMS.

☐ We are unable to locate the requested items in our files.

☐ Our information indicates that another department is in possession of these items.

NUMBER OF PHOTOS _____ **X \$** _____

YOUR COST FOR THE REQUESTED ITEMS / SERVICES IS : _____